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ABSTRACT

This document contains teacher's materials for an instructional module on how to conduct a visual screening that was developed through use of the Dick and Carey model of instructional design. More than a third of the document consists of a description of the model's use and adaptation in the development of the module. Section headings are as follows: Focus of the Model; Phasing of the Model; Principles of Reaction; Social System Characteristic; Support Systems; Classroom Implementation; General Applicability; Grading Procedure and Contracts; and Strengths and Weaknesses of the Model. An 18-item reference list and four appendixes are included. Appendix A contains a list of procedural steps that resulted in the module's development, an outline of the instructional content of the module, and a list of module components. Appendix B contains the visual screening module, which includes a lesson plan, an information sheet, work sheets, a student performance guide, an instructor performance check sheet, a test, and a test key. Appendix C contains an explanation of grading procedures and a form on which to record student grades. Appendix D contains a student contract form. (CML)

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SELF-CONTAINED INSTRUCTIONAL MODULE: AN ADAPTATION OF THE DICK AND CAREY MODEL

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Self-Contained Instructional Module: An Adaptation of the Dick and Carey Model

According to Hergenhahn (1988) "Learning is one of the most important areas in present day psychology and yet it is an extremely difficult concept to define" (p. 1). However, learning as defined by the Webster's Collegiate Dictionary (1988) is "Knowledge or skill acquired by instruction or study" (p.681). In reviewing the literature one would discover that most psychologists would find this definition unacceptable because of the nebulous terms. In recent years, the trend has been to ". . . accept a definition of learning that refers to changes in observable behavior" (Hergenhahn, 1988, p.1). " . . . most learning theorists . . . agree that the learning process cannot be studied directly; instead, its nature can only be inferred from changes in behavior. For Skinner, behavioral changes are learning . . ." (p.3). Thus, this author addresses the applicability of a self-contained instructional module to Skinner's behavioral theory.

Focus of Model

The self-contained instructional model is based on Skinner's behavioral theory which ". . . focuses on the here and now" (Joyce & Weil, 1986, p. 311). The model used is an adaptation of the

Dick and Carey Model (Van Hoozer et al., 1987, p. 94-95). The Dick and Carey Model of Instructional Design was created to design a specific model on self-instructional programs or modules. "The authors define a module as a self-contained unit that has the following characteristics: (a) an integrated theme, (b) objectives, (c) content information, (d) learning objective, and (e) tests" (Van Hoozer, et al., 1987, p. 95). This model was an outgrowth of programmed instruction (PI) developed by B. F. Skinner in the 1950's. The PI was characterized by learning frames, teacher--developed units of instruction that utilized positive reinforcement and immediate feedback. However, one of Skinner's followers developed the personalized system of instruction (PSI) which includes (a) self-pacing, (b) unit perfection, (c) former students as proctors, (d) emphasis on written materials, (e) criterion-referenced testing and grading, and (f) retesting for achieving mastery (Ross, 1981).

However, this paper addresses an adaptation of the models into a self-contained instructional module which can be used by the teacher to teach in a group or individual situation. The adaptive model includes the following which are all based upon the topic to be studied and the objectives:

1. Lesson plan
2. Information sheet

3. Worksheet(s)
4. Student performance guide
5. Instructor performance check sheet
6. Test (criterion-referenced)
7. Test Key

The model is based upon tasks and feedback. By using Skinner's behavioral theory "The conditions stimulating the behavior are ascertainable through observation and interviewing (Joyce & Weil, p. 95). The behavioral theory has been used to design many models to capitalize on the human beings capacity to learn and modify behavior. The models have been used to teach concepts, information, and skills in order to increase relaxation and comfort, reduce phobias, to assist students to engage in social and academic tasks and to change habits appropriately (Joyce & Weil, 1986).

According to Skinner's operant conditioning ". . . once a behavior has been manifested the probability that it will occur again can be strengthened or decreased by responses from the environment" (Joyce & Weil, p. 308). As reported, individuals act in certain ways in response to external forces which stimulate. Using the self-contained instructional module each student can initiate and complete the module individually and can receive reinforcement from the teacher during and upon completion. The

goals or objectives are specifically set in concrete terms for encouraging the learning of a new skill. However, some group work can also be utilized.

In addition, Skinner (1984) reported that the students could learn more efficiently if: (a) educational goals were clarified at the beginning of each new task; (b) each student was permitted to advance at his or her own rate; and (c) each set of instructional materials were designed to encourage motivation and not fear of punishment. Greeson (1985) applied this principle of scientific practice to self-directed lifelong learning and reported a satisfying personal case history and self-report. As early as 1977, two researchers (Skinner, W. & Sasser) found that the principles of individual study used in analyzing each management situation or problem were more successful than other techniques. Thus, as revealed by Joyce and Weil (1986), if "behavioral goals are specific, discrete and individualized" (p. 310) as may be used in self-contained instructional modules, it means that the training process for each student may differ and ". . . that the training process will need to be individualized in terms of pacing or content" (p. 310) as applied to various learning situations (Alonza, (1977). Van Hoozer et al. also revealed in 1987 that "Research indicates that learners who are given information about instructional objectives prior to learning

will remember information better than those who were not told" and reported that specific behavioral objectives have the greatest effect on learning (p. 57).

Phasing of the Model and Principles of Reaction

Several phases of the model are necessary for the development of the self-contained instructional module. First, before a topic for a module is decided the overall curriculum must be developed and analyzed. According to Van Hoozer et al. (1987):

> "The curriculum of a health education program, with its philosophy, purposes, conceptual framework, goals and expectations for the learner is based on societal needs, mandates, particular philosophical and psychosocial perceptions, and assumptions about humans and the environment--how things are and how they should be. Teaching strategies, learning experiences, and resources are often viewed as separate entities, apart from a curriculum or program of study; however, it is the author's belief that these are integral components of a curriculum and should be determined at the curriculum development level. (p. xv)

This writer is in agreement with Van Hoozer and advocates the following phases be employed. During Phase One the units of instruction and objectives are identified. Phase Two involves development of lessons plan to specifically address the topics in

each unit. In Phase Three a specific lesson topic would be presented to the student which would include three components:

1. An introduction to the self-contained module, explaining content and what needs to be accomplished to successfully pass the lesson which includes the items listed on the outline in Appendix A.

2. Provision for time for the student to study the topic at own pace according to objectives established, while utilizing various learning methods. Skills are practiced with reinforcement provided with sample questions (written and possibly oral, according to situation) used for reinforcement. According to Van Hoozer et al. (1987), "the most significant aspect of Skinner's research is the importance of reinforcement for eliciting behavioral response. In operant conditioning, this reinforcement is attainment of a goal that satisfies a drive" and is ". . . a major condition for learning" (p. 5).

3. Provision for final written examination and a final performance check for the student in order to receive a grade. As revealed by Van Hoozer et al. "The practice of giving grades or monetary or other tangible rewards on response can be traced to instrumental or operant conditioning" and the "Basic features of instrumental learning include drive, motivation, general exploratory activity, and goal response" (p. 5).

The self-contained instructional module can be utilized in teaching a skill such as learning how to perform a visual screening (Appendix B). Information could he made available to the student through media such as written information, video tapes, or teaching machines. As reported in the Phi Delta Kappan (1986), Skinner views microcomputers as the most powerful, efficient teaching machine of all. With the operant principles which are based on the role of reinforcement (reward and punishment), programmed instruction, and training (which are operant-based models) depend highly on stimulus control (Joyce & Weil, 1988). The teacher can observe the types of reinforcement which the student responds to and assist with the specific type of learning as it occurs.

Teacher response and example. The teacher should be ever cognizant of certain aspects of the individual when responding to the activity of the learner. Some of these include, age, maturity level, realization of the type of learning style or preference for learning, level of competence, principles of learning, and that reinforcement should be as continuous as possible, occurring after every response. However, consistency with immediate, and frequent rewards for the desired responses appear to be the most difficult tasks for teachers to master, but are very important (Joyce & Weil 1986).

The teacher involved in using Skinner's theory of learning should remember that "Traditionally, reinforcers have been thought of as stimuli" (Premack, 1988, p. 111) and are related to survival such as passing a course. One example, that may be used in teaching, is to provide reinforcing stimuli by the teacher. Once the topic to be learned is decided, and the skill desired to learn is ascertained, the goals are defined in behavioral terms, then the behavior is rewarded in accordance with these goals. If a student is practicing a skill in the laboratory, for example, the teacher can provide a reward by saying "Its great to see how well you are using the appropriate eye charts with the various individuals". This frequency and consistency of appropriate stimuli can provide the necessary immediate response for survival of the student (Hergenhahn, 1972). While using a self-contained instructional module related to a skill performance, the teacher can provide immediate feedback on oral questioning or written examination, as well as, while student is practicing the skill in the laboratory and upon completion of the final performance, which must be satisfactory.

Social System Characteristic

The teacher role in providing instruction utilizing a self-instructional module is varied. The teacher must be highly competent in the subject matter to establish the objectives, seek

various methods of resources for the student and structure the learning according to the objectives. As reported by Van Hoozer et al. conditioning also occurs under structured learning circumstances which may be applied to a self-contained instructional module. In addition, the teacher can change reinforcers as preferences change from student to student and as the student progresses through the module. Once the teacher initiates the learning activity with each student the involvement of the teacher can be low to moderate to give reinforcement for goal-directed behavior. The hierarchical types of learning is necessary for psychomotor behavior in regards to chained events or a sequencing of a series of individual stimulus-response behaviors. The chaining effect occurs when one stimulus cue provides a trigger for this series of responses. In order for learning to occur, each stimulus-response behavior must be executed in proper order and sequence. Also, each terminal step must be practiced and positively reinforced. Once a chained event behavior is learned, it can be generalized to similar circumstances (Van Hoozer, et al., 1987, p. 23-24).

Support Systems

A support system is necessary to provide a self-contained instructional model for learning. Curriculum designers may be necessary for assistance in completing a thorough analysis to

insure accuracy when instruction is to be delivered in a self-learning mode. In addition, learners need to be available to provide feedback during evaluation phase. "Therefore, as stipulated in the Dick and Carey model, modules must be validated, that is, tested to insure that they produce learning" (Van Hoozer, et al. p. 95). One example of a self-contained instructional text was written by Walters, Estridge, and Reynolds (1986). Each procedure was field tested in workshop situations for validation of content. The reliability of the postmeasure was .97 and each participant satisfactorily completed all performance checks. As reported by Van Hoozer et al., "The onus is on the creator of self-instructional modules to demonstrate that they in fact teach and result in behavioral changes" (p. 95).

The teacher qualities demand a highly skilled individual in the specialized content and patience to develop the self-contained module which may require various learning experiences for the student, such as using videotapes, films, printed material and laboratory practice. As stated by Bell (1984), "We must demand the best effort and performance from all students, whether they are gifted or less able, affluent or disadvantaged . . ." (p. 33) and this can be realized only with appropriate learning resources and curriculum designs. "Most importantly, to develop the ideal curriculum for the future, . . . educators must continually

provide the leadership to expand services to all with innovative, quality programs by being open minded and responsive for change in educational delivery systems" (Walters, 1988, p. 38). As reported in the article, "Curriculum Design: Nurse Educators Role in Managing and Utilizing Various Teaching Methodologies" (Walters, 1988), nurse educators will be very involved in curriculum design and utilizing more varied teaching methodologies by the year 2000. Changing technology shifts in patient care agencies, legislation and long-term care specialties in nursing are all factors which will have a significant impact on curricula.

Classroom Implementation

The self-contained instructional module which includes the lesson plan, information sheet, worksheet(s), student performance guide, instruction performance check sheet, test, and test key, can be implemented in the classroom once developed. The module can be used by the teacher to provide guidance and direction throughout the teaching of the lesson. The lesson plan is of utmost importance to the teacher and includes the: (a) name of the unit of instruction, (b) title of the topical area to be studied, (c) objectives, (d) glossary terms, (e) introduction, (f) method(s) of teaching, (g) lesson content, (h) learning activities, (i) materials and equipment, (j) resources, (k) evaluation, and a (l) summary of the lesson which may be in a

question and answer format. The model as it operates during implementation follows a sequential process. The teacher:

1. Initiates the discussion about the self-contained instructional module with the student because it is a component of a unit in the curriculum.

2. Discusses the information sheet with the student. (This sheet contains the (a) title of the unit of instruction, (b) topic to be studied, (c) objectives, (d) glossary terms, (e) instructions, (f) equipment and materials, (g) information on content, (h) questions for review, (i) references and (j) evaluation procedure.)

3. Discusses how worksheet(s) can be used if applicable to the topic.

4. Discusses how the student performance guide can be utilized. (The guide includes sequenced steps which the student must perform satisfactorily to be competent in the skill. The student can use the guide to practice learning the skill.)

5. States how the instructor performance check sheet can be used to check the final performance of the student. (The guide includes the identical steps as listed on the student performance guide.)

6. Explains the type of evaluation that will be used. (This includes a written test and a performance check, utilizing the instructor performance check sheet.)

Once the orientation is provided, the student can complete the module and the teacher can always be available at specified times to provide reinforcement as the skill is performed in the laboratory. At times the teacher may provide more direction to some students than others depending on the learning style of the student. However, reinforcement from the teacher is usually needed more by those students who have had unsuccessful academic experiences. The student can study the module by utilizing various resources and use the questions throughout to receive reinforcement. After the student has studied the background or principles or critical subskills necessary, before procedural activities related to a topic, then the performance guide can be used to practice the skill in the laboratory, alone, at the beginning, and then with a peer or a group of peers to assist in becoming competent in performing the skill. After the student feels competent, a final written examination is provided as well as a final performance check which must be satisfactory to complete the competency.

According to Dick and Carey, for activities which ". . . are not procedural in nature" (p. 96), the hierarchial approach is

favored. In this instance, the educator must identify the critical concepts or skills the learners must master in order to achieve the higher-level skill. The authors suggest that the fundamental intellectual skills should be listed that are necessary and should also be arranged in relationship to each other. This provides the essential information for the student as well as provides an insight to the teacher as to the order for teaching the skill.

General Applicability

The primary purposes of the model are to provide information that can be studied according to individual pace and content. The "Well-designed instructional media (for instance, a sound-slide program) can present the stimulus materials, guide the learning, elicit the performance and provide feedback to the learner" (Van Hoozer, et al., 1987, p. 95). However, a teacher must realize that the mediated materials are only an extension of the teacher. Ultimately, the teacher either creates or selects the instructional materials to use in the module because they either provide the appropriate events of instruction which may be equal to or better than the live teacher. Moreover, the instructional effects achieved will be a direct effect of the content and skills provided, that led the learner in the right direction.

According to Ross (1981), flexibility can be built into instruction by adapting to individual pace, learning style, and interests. The self-contained module provides an opportunity for the student to become more responsible for some facets of education as well as use initiative. Even though the teacher arranges the conditions for learning the information in the module, then to some degree--learns the major decisions about when, where, and pacing, up to the student. As reported, some procrastination is a problem in self-study, however, as indicated by Ross studies comparing this method with conventional classes overwhelmingly favored the self-study. In addition, the modular type of instruction can be used with various groups, especially those students that may have problems achieving academic success. Moreover, if the teacher is planning to teach procedural or psychomotor skills the self-contained instructional module can be useful for providing reinforcement both by the design of the module and from the teacher during self-study of concepts, if necessary, and during practice of psychomotor skills. The effect of reinforcement, according to B. F. Skinner, ". . . is crucial to learning a psychomotor skill" (Van Hoozer, et al. p. 24). In addition, as revealed by Van Hoozer et al., the nurtuant effects which come from experiencing the environment created by the learning model are important. Sometimes, individuals achieve more

in a highly competitive environment, however, the modular type of instruction may also alienate individuals from one another. Even though the self-contained instructional module is criterion-referenced (based on objectives) rather than norm-referenced (based on score and curve) the work is usually self-directed and most of the work is completed independently.

Grading Procedure and Contracts

In addition to the above components discussed in the self-contained instructional model, the grading procedure (Appendix C) for the module should be established as a component of a course. Then, a contract (Appendix D) can be developed and approved by the teacher and student. This can provide some motivation for some students. The contract should include:

1. Student name, address and telephone number,
2. Teacher name, address and telephone number,
3. Title of topic of module,
4. Quarter and year module is to be completed,
5. Credit (quarter hours) to be earned, (the module may be only a component of a course and several modules may be required for the total credit)
6. Beginning date and ending date,
7. Signature of student and date,
8. Signature of teacher and date,

9. Objectives of the specific area of study,

10. Activities to accomplish the objectives,

11. Method of evaluation,

12. Due dates for completion of area of study,

13. Time frame of activities by week.

Strengths and Weaknesses of Model

Strengths of Model

The major strengths of utilizing the self-contained instructional model include:

1. A developed lesson plan for the teacher which encompasses the: (a) name of the unit of instruction, (b) the specific topical area to be studied, (e) objectives, (d) glossary terms, (e) instructions for student, (f) equipment and materials, (g) information on content, (h) references, and (i) evaluation procedure.

2. An information sheet which contains the: (a) title of the unit of instruction, (b) topic to be studied, (c) objectives, (d) glossary terms, (e) instructions, (f) equipment and materials, (g) information on content, (h) questions for review, (i) references, and (j) evaluation procedure.

3. Worksheet(s) if applicable.

4. A student performance guide which includes sequenced steps of a competency.

5. An instructor check sheet which includes same steps in competency as student performance guide.

6. A written test for evaluation of student.

7. A test key which includes the same questions as listed on test with answers inserted.

8. Self-pacing for the student based upon guidelines of college or university for completion of work.

9. Reinforcement from materials (i.e., on student performance guide there are columns which indicate satisfactory performance if achieved.)

10. Resources provided for learning style.

11. Criterion-referenced grading.

12. Contract agreement for grade.

Weaknesses of Model

The major weaknesses using the self-contained instructional module include:

1. A problem of prostination of the student.

2. A requirement for the student to be able to read the information and initiate action, especially, if reading is not a preferable learning style.

3. Constant interaction with professor which some students require.

4. Problems with creating situations involving critical thinking and problem solving skills.

5. Insufficient support from department and/or college . university for resources necessary to meet the various learning styles of students at various times.

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Category A: Program Planning, Development and Evaluation

A-6 Develop Program Goals and Objectives

A-7 Conduct an Occupational Analysis

A-8 Develop a Course of Study

Category B: Instructional Planning

B-1 Determine Needs and Interests of Students

B-2 Develop Student Performance Objectives

B-3 Develop a Unit of Instruction

B-5 Select Student Instructional Materials

B-6 Prepare Teacher - made Instructional Materials

Category C: Instructional Execution

C-1 Direct Field Trips

C-2 Conduct Group Discussions, Panel Discussions, and Symposiums

C-3 Employ Brainstorming, Buzz Group, and Question Box Techniques

C-4 Direct Students in Instructing Other Students

C-5 Employ Simulation Techniques

C-6 Guide Student Study

C-7 Direct Student Laboratory Experience

C-8 Direct Students in Applying Problem-Solving Techniques

C-9 Employ the Project Method

C-10 Introduce A Lesson

C-11 Summarize a Lesson

C-12 Employ Oral Questioning Techniques

C-13 Employ Reinforcement Techniques

C-14 Provide Instruction for Slower and More Capable Learners

C-15 Present an Illustrated Talk

C-16 Demonstrate a Manipulative Skill

C-17 Demonstrate a Concept or Principle

C-18 Individualize Instruction

C-19 Employ the Team Teaching Approach

C-20 Use Subject Matter Experts to Present Information

C-21 Prepare Bulletin Boards and Exhibits

C-22 Present Information with Models, Real Objects, and Flannel Boards

C-23 Present Information with Overhead and Opaque Materials

C-24 Present Information with Filmstrips and Slides

C-25 Present Information with Films

C-26 Present Information with Audio Recordings

C-27 Present Information with Televised and Videotaped Materials

C-28 Employ Programmed Instruction

C-29 Present Information with the Chalkboard and Flip Chart

C-30 Provide for Students' Learning Styles

Category D: Instructional Evaluation

D-1 Establish Student Performance Criteria

D-2 Assess Student Performance: Knowledge

D-3 Assess Student Performance: Attitudes

D-4 Assess Student Performance: Skills

D-5 Determine Student Grades

D-6 Evaluate Your Instructional Effectiveness

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Appendix A

Outline of Presentation

SELF-CONTAINED INSTRUCTIONAL MODULE

Objectives:

1. Develop a lesson plan.
2. Develop information sheet for the specific topical area.
3. Prepare worksheet(s).
4. Develop student performance guide.
5. Develop instructor performance guide.
6. Prepare a test.
7. Prepare a test key.

Content Outline:

I. Teaching Model and Learning Theory

- A. Teaching Model
- B. Learning Theory
- C. Utilizing Theory in Model
- D. Critique of Model

II. Self-Contained Instructional Module

- A. Lesson Plan
- B. Information Sheet(s)
- C. Worksheet(s)
- D. Student Performance Guide
- E. Instructor Performance Check Sheet
- F. Test
- G. Test Key

III. Explanation of Components of Instructional Module

- A. Lesson Plan
  - 1. Name of Lesson
  - 2. Objectives

3. Glossary Terms
4. Introduction
5. Method of Teaching
6. Lesson Content Outline
7. Learning Activities
8. Materials and Equipment
9. Resources
10. Evaluation
11. Summary

B. Information Sheet(s)

1. Instructions to Student
2. Materials and Equipment
3. Objectives
4. Glossary Terms
5. Overview
6. Content of Topical Area
7. Precautions

C. Worksheet(s)

1. Registration Form
2. Screening Card for Individual

D. Student Performance Guide

1. Task
2. Performance Objectives
3. Equipment
4. Criterion-referenced Measure
5. Competencies List for Practicing the Procedure

E. Instructor Performance Check Sheet

1. Task
2. Performance Objective
3. Equipment
4. Criterion-referenced Measure
5. Competency Check List

F. Test

1. Combination of Choices
2. Multiple Choice

3. True - False
4. Essay
5. Other

G. Test Key

1. Test
2. Completed Test

IV. Components of Model to Use in Group Situation

A. Instructor Components

1. Lesson Plan
2. Information Sheet(s)
3. Worksheet(s)
4. Student Performance Guide
5. Instructor Check Sheet
6. Test
7. Test Key

B. Student Components

1. Information Sheet(s)
2. Worksheet(s)
3. Student Performance Guide

V. Contract

A. Title of Assignment
B. Time Frame
C. Grade Desired
D. Credit Hours
E. Signatures and Dates
F. Proposal

1. Objectives
2. Activities
3. Evaluation
4. Due Dates
5. Planning Sheet

Appendix B

Self-Contained Instruction Module

VISUAL SCREENING

VISUAL SCREENING

LESSON PLAN

Unit : Visual Screening

Lesson 1: Conducting a Visual Screening

Objectives

After completing this lesson, the student should be able to:

-Spell and define the glossary terms.
-Identify the conditions of the eye.
-Identify the muscular defect of the eye.
-Explain cataract and glaucoma.
-List the three most common causes of faulty eyesight.
-Identify the treatment of faulty vision.
-Discuss the importance of visual examinations.
-Explain the results that may be determined with a visual screening.
-List and explain the eye charts used in visual screening.
-Demonstrate the ability to follow the correct procedures for performing a visual acuity screening.

Glossary Terms

-Accommodation--The adjustment or adaptation of the eye for various distances, whereby, the eye is able to focus the image of an object on the retina by changing the curvature of the lens.

-Astigmatism--The curves of the cornea are imperfect and the light which passes through cannot be focused at a single point. The result is blurred or distorted vision.

-Cataract--A condition in which the crystalline lens becomes cloudy until it is opaque, blocking out vision.

-Glaucoma--A condition in which the fluids within the eye build up because drainage is blocked

-Hyperopia--Farsightedness

-Muscular Defects--Defects in the visual system caused by imperfections in the structure or performance of the muscles which hold the eye in the socket and control the movement.

-Myopia--Nearsightedness

-Normal Eye--One that can accept parallel light from a distance of 20 feet or more and provide a sharp focus on the retina while the encircling muscle is relaxed.

-Ophthalmologist--A physician who has specialized in the eye. Medical care includes treatment of eye diseases and disorders, medically and surgically. Also, the ophthalmologist refracts the eyes, writes prescriptions for corrective lenses and may dispense glasses.

-Optician--The position of the optician is similar to that of a pharmacist. Prescriptions for glasses from an ophthalmologist or an optometrist, may be dispensed by the optician.

-Optometrist--A vision specialist who examines the eyes for deficiencies in the vision and determines the necessary correction.

-Phoria--A condition in which there is a tendency for one eye to work out of alignment with the other (inward, outward, upward, or downward).

-Presbyopia--A condition in which the crystalline lens in the eye loses some of the elasticity and will no longer bulge when the encircling muscle constricts.

-Tropia--A condition of fixed deviation in which the muscles cannot pull the eyes into alignment.

-Visual Acuity--The sharpness or keenness of perception of the eye to see objects.

Introduction

There are many diseases, conditions, or problems which may occur in relation to the eye. Eye problems may be detected by conducting visual screening clinics in the elementary, junior, or middle high school or in the community.

Method of Teaching

Discussion
Demonstration
Supervised individual performance

Lesson Content

I. Vision

   A. Causes of Faulty Eyesight
   B. Treatments of Eye Problems
   C. Importance of Eye Tests
   D. Types of Eye Charts
   E. Community Organizations

II. Visual Screening

   A. Procedures

Learning Activities

1. Read information on conducting a visual screening.
2. Review glossary terms.
3. Practice conducting a visual screening.

Materials and Equipment

-pens
-registration record form
-tables
-chairs
-tape
-eye occluder or paper card
-eye charts
-individual acuity cards
-test key
-student performance guide
-student performance check sheet
-instructor check sheet

Resources

Textbook (as assigned by teacher)
Handouts

Evaluation

1. Written Test
2. Laboratory Performance

Students will work in teams of two. Each student will check his/her team member's visual acuity on a rotating basis. An evaluation will be made by the instructor using the performance check sheet.

Summary: Question and Answer

The object of the lesson was to be able to conduct a visual screening and discuss visual acuity.

1. What is visual acuity?
2. Can you name and define the normal eye, farsighted eye, astigmatism, presbyobia, muscular defects, accommodation, and color blindness?
3. What is meant by cataract or glaucoma?
4. What are the most common causes of faulty eyesight?
5. How may faulty vision be treated?
6. Why is a visual examination important?
7. What can be determined by conducting a visual acuity screening?
8. How often should an individual have their eyes examined?
9. What equipment is required to conduct a visual screening?
10. What type of eye charts may be used to conduct a visual screening?
11. What community organizations may provide assistance to individuals with eye problems?
12. What are the "Eye Care Professions"?

INFORMATION SHEET
VISUAL SCREENING

Instructions

1. Read information on conducting a visual screening.
2. Review glossary terms.
3. Practice conducting a visual screening.
4. Take a written test.
5. Demonstrate the proper procedures for conducting a visual screening satisfactorily for the instructor. All steps must be completed as listed on the student performance guide.

Materials and Equipment

-pens
-registration record form
-tables
-chairs
-tape
-eye occluder or paper card
-eye charts
-individual acuity cards
-student performance guide
-student performance check sheet

Objectives

-Spell and define the glossary terms.
-Identify the conditions of the eye.
-Identify the muscular defect of the eye.
-Explain cataract and glaucoma.
-List the three most common causes of faulty eyesight.
-Identify the treatment of faulty vision.
-Discuss the importance of visual examinations.
-Explain the results that may be determined with a visual screening.
-List and explain the eye charts used in visual screening.
-Demonstrate the ability to follow the correct procedures for performing a visual acuity screening.

Glossary Terms

-Accommodation--The adjustment or adaptation of the eye for various distances, whereby, the eye is able to focus the image of an object on the retina by changing the curvature of the lens.

-Astigmatism--The curves of the cornea are imperfect and the light which passes through cannot be focused at a single point. The result is blurred or distorted vision.

-Cataract--A condition in which the crystalline lens becomes cloudy until it is opaque, blocking out vision.

-Glaucoma--A condition in which the fluids within the eye build up because drainage is blocked

-Hyperopia--Farsightedness

-Muscular Defects--Defects in the visual system caused by imperfections in the structure or performance of the muscles which hold the eye in the socket and control the movement.

-Myopia--Nearsightedness

-Normal Eye--One that can accept parallel light from a distance of 20 feet or more and provide a sharp focus on the retina while the encircling muscle is relaxed.

-Ophthalmologist--A physician who has specialized in the eye. Medical care includes treatment of eye diseases and disorders, medically and surgically. Also, the ophthalmologist refracts the eyes, writes prescriptions for corrective lenses and may dispense glasses.

-Optician--The position of the optician is similar to that of a pharmacist. Prescriptions for glasses from an ophthalmologist or an optometrist, may be dispensed by the optician.

-Optometrist--A vision specialist who examines the eyes for deficiencies in the vision and determines the necessary correction.

-Phoria--A condition in which there is a tendency for one eye to work out of alignment with the other (inward, outward, upward, or downward).

-Presbyopia--A condition in which the crystalline lens in the eye loses some of the elasticity and will no longer bulge when the encircling muscle constricts.

-Tropia--A condition of fixed deviation in which the muscles cannot pull the eyes into alignment.

-Visual Acuity--The sharpness or keenness of perception of the eye to see objects.

Overview

There are many diseases, conditions, or problems which may occur in relation to the eye. Eye problems may be detected by conducting visual screening clinics in the elementary, junior, or middle high school or in the community.

Causes of Faulty Eyesight

The three most common causes of faulty eyesight are astigmatism, hyperopia, and myopia.

Treatments of Eye Problems

Hyperopia may be corrected with convex lenses which add power to the eye's optical system to allow the lens to remain flattened for distance vision.

Astigmatism may be corrected by a cylindrical lens for simple astigmatism.

To correct presbyopia, convex lenses usually replace the focusing power that has been lost. A simple pair of glasses may suffice for some individauls. However, bifocals are more practical.

Phoria and tropia may be corrected by orthoptic exercises, lenses, or surgery.

Glaucoma is relatively rare and the development so gradual it is usually discovered early and controlled by medication.

Importance of Eye Tests

Vision should be examined for several reasons:

1. Good vision is absolutely vital to all scholastic achievements throughout the educational years.
2. Good vision is essential for participation and learning.
3. A minor defect in vision during childhood not only can cause scholastic difficulties, but can also lead to convictions of inferiority that may continue throughout life.
4. Visual problems seldom cause an immediate drastic change in eyesight and usually begin small and grow rapidly. Therefore, vision screening tests such as the ones conducted in schools, industry, or the community health fair, may uncover problems.

Types of Eye Charts

A visual screening test should be conducted using the appropriate eye chart for a particular group of individuals. The types of eye chart may depend upon several factors, such as year level in school or age. Some examples of eye charts are Snellen, Objects, Pictures, and Symbols.

Community Organization

The Lions Club may provide assistance to an individual who qualifies, according to the criteria developed by the organization.

Visual Screening Procedures

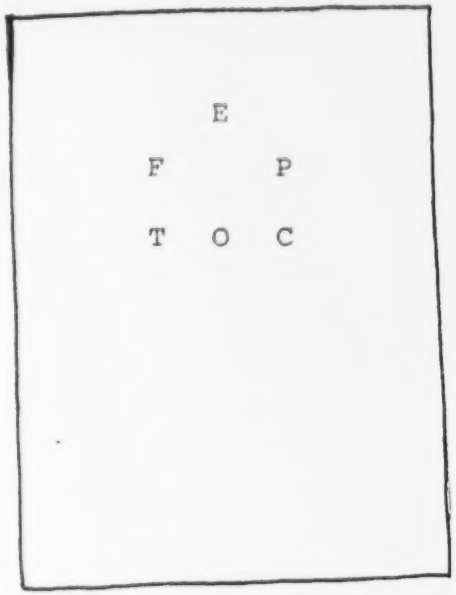
When conducting a visual screening, one must follow the proper procedures. The proper equipment must be selected and utilized. One must measure off 20 feet and mark it with tape on the floor. The appropriate eye chart must be placed on the wall in a well-lighted area. The individual being screened must stand behind the taped line and cover his left eye with the provided paper card. The screener should start with the large "E" or appropriate figure and check each line using a random method of selecting the letters on the same line. If the individual misses 2 or more on that line, the screener will go to the previous line and test again. The screener should then ask the individual to cover his right eye and proceed as above. Then the screener should check individual's acuity with both eyes uncovered. Finally, the screener should record his findings for the left, right, and both eyes.

Precautions:

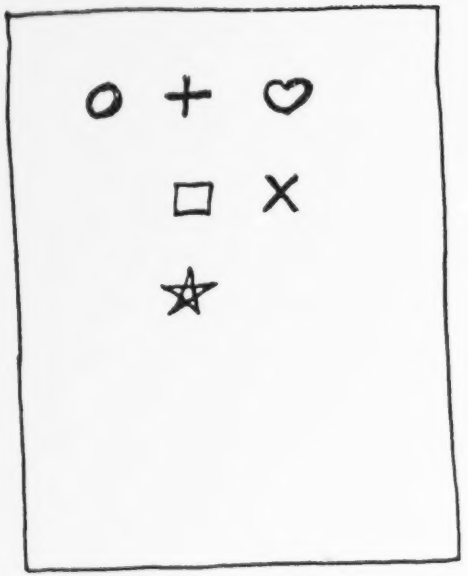
1. Explain procedure to individual.
2. Avoid leaning forward.
3. Avoid squinting.
4. Don't press on eye with occluder.
6. Report tearing of eye.

Summary: Questions and Answers

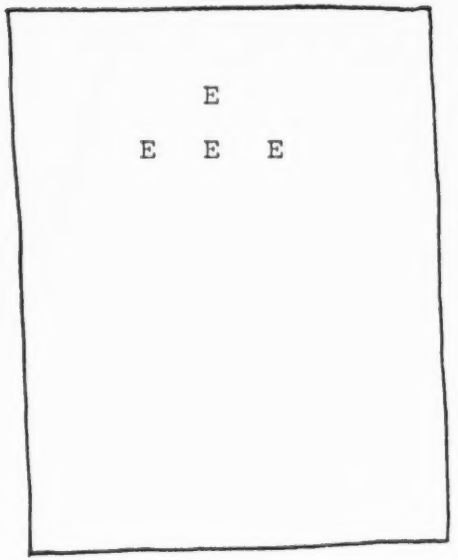
Worksheets



ARABICS



OBJECTS



DIRECTIONS

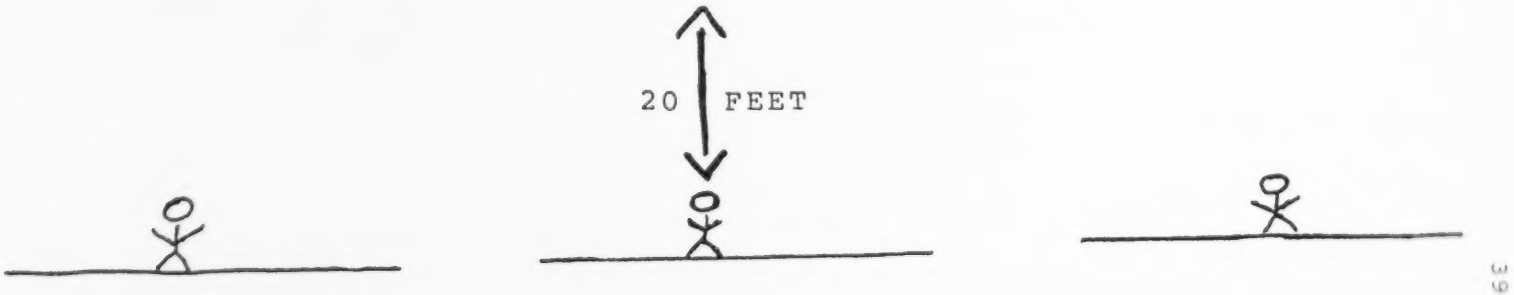


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ILLUSTRATION OF VISUAL SCREENING

Visual Acuity/Astigmatism Screening Card

With Glasses	Without Glasses
R. _____	R. _____
L. _____	L. _____
Both _____	Both _____

Astigmatism _____

*NOTE: Make cards to present to individuals when the visual acuity/astigmatism is checked.

Visual Acuity/Astigmatism Screening Registration Form

Number	Name and Address	With Glasses			Without Glasses			Astigmatism			Ref.
		R	L	Both	R	L	Both	R	L	Both	

Add Picture of
Occluder to Cover Eye

occluder to Cover Eye

Add Picture of
Arabic Eye Chart

Arabic Eye Chart

Add Picture of
Object Eye Chart

Object Eye Chart

Add Picture of
Illiterate Eye Chart

Illiterate Eye Chart

Add Picture of
Combination Eye Chart

Combination Eye Chart

Add Picture of
Astigmatism Eye Chart

Astigmatism Eye Chart

STUDENT PERFORMANCE GUIDE

Unit: Visual Screening

Task: Conducting a Visual Screening

Performance Objective:

The student will define visual acuity. The student will conduct a visual screening. All steps must be satisfactorily completed on the instructor's performance check list.

Equipment

-pens -tables -tape -eye occluder or paper cards
-registration record form -chairs -eye charts -individual acuity cards

Criterion-Referenced Measure:

In the skill laboratory, select an individual and conduct a visual acuity screening.

STUDENT PERFORMANCE CHECK SHEET:
Visual Screening

Competencies:	S	U	COMMENTS
1. Select the proper equipment:			
a. Registration form			
b. Cards for recording visual acuity			
c. Pens			
d. Appropriate eye chart			
·Snellen			
·Objects			
·Pictures			
·Symbols			
·Other (name)			
e. Paper			
f. Card for covering chart			
2. Instruct an assistant in the correct method for covering individual's eye			

Competencies:	S	U	COMMENTS
3. Measure off 20 feet and tape to mark on floor			
4. Explain procedure for placing eye chart on wall			
·Place eye chart on wall at eye level			
·Place chart in well-lighted area			
·Check for glare on chart			
5. Select an individual to check visual acuity			
6. Explain procedure to the individual:			
·Stand with tips of toes on line			
·Avoid leaning forward			
·Avoid squinting the eye			
·Cover the left eye			
·Begin with big "E" on eye chart			
·Read random letters as selected			
·Report tearing of eye(s)			
7. Check the right eye			
·Begin with the large "E" or appropriate figure			
·Check each line using a random method of selecting the letters on the same line			
8. Observe for:			
·Leaning forward			
·Squinting			
·Tearing of the eye			
9. Occlude the right eye and check the left eye in the same manner as Step 7			
10. Check both eyes in same manner as above			

Competencies:	S	U	COMMENTS
11. Record findings on registration form			
12. Record findings on individual card			
13. Refer to an optometrist or ophthalmologist			

NOTE: If the individual is wearing glasses, check the eyes with glasses first and then check the eyes without glasses.

COMMENTS:

STUDENT/TEACHER:

Date:_____ Instructor:_____

INSTRUCTOR PERFORMANCE GUIDE
VISUAL SCREENING

Unit: Visual Screening
Task: Conducting a Visual Screening

Performance Objective:

The student will define visual acuity. The student will conduct a visual screening. All steps must be satisfactorily completed on the instructor's performance check list.

Equipment

-pens -tables -tape -eye occluder or paper cards
-registration record form -chairs -eye charts -individual acuity cards

Criterion-Referenced Measure:

In the skill laboratory, select an individual and conduct a visual acuity screening.

INSTRUCTOR CHECK SHEET
VISUAL SCREENING

The student can:	S	U	COMMENTS
1. Select the proper equipment: a. Registration form b. Cards for recording visual acuity c. Pens d. Appropriate eye chart ·Snellen ·Objects ·Pictures ·Symbols ·Other (name) e. Paper or cards for occluding eye f. Card for covering chart			
2. Instruct an assistant in the correct method for covering individual's eye			
3. Measure off 20 feet and tape to mark on floor			

The student can:	S	U	COMMENTS
4. Explain procedure for placing eye chart on wall ·Place eye chart on wall at eye level ·Place chart in well-lighted area ·Check for glare on chart			
5. Select an individual to check visual acuity			
6. Explain procedure to the individual: ·Stand with tips of toes on line ·Avoid leaning forward ·Avoid squinting the eye ·Cover the left eye ·Begin with big "E" on eye chart ·Read random letters as selected ·Report tearing of eye(s)			
7. Check the right eye ·Begin with the large "E" or appropriate figure ·Check each line using a random method of selecting the letters on the same line			
8. Observe for: ·Leaning forward ·Squinting ·Tearing of the eye			
9. Occlude the right eye and check the left eye in the same manner as Step 9			
10. Check both eyes in same manner as above			
11. Record findings on registration form			
12. Record findings on individual card			

The student can:	S	U	COMMENTS
13. Refer to an optometrist or ophthalmologist			

NOTE: If the individual is wearing glasses, check the eyes with glasses first and then check the eyes without glasses.

COMMENTS:

STUDENT/TEACHER:

Date:_____ Instructor:_____

TEST

Unit: Visual Screening
Lesson: Conducting a Visual Screening

Name: _____
Date: _____

1. The condition which occurs with age due to the loss of elasticity of the crystalline lens is (5 points)

   a. presbyopia
   b. hyperopia
   c. myopia
   d. phoria

2. The eyeball is too short which causes the light entering the eye to fall behind the retina. This condition is known as farsightedness or (4 points)

   a. hyperopia
   b. tropia
   c. astigmatism
   d. myopia

3. A patient has blurred or distorted vision due to an imperfect curve of the cornea and the light which passes through cannot be focused on a single point in the eye. This point has (4 points)

   a. glaucoma
   b. myopia
   c. cataract
   d. astigmatism

4. The eyeball is too long, and the light entering focuses in front of the retina which prevents the individual from seeing at a distance. This condition is known as nearsightedness or (4 points)

   a. astigmatism
   b. presbyopia
   c. hyperopia
   d. myopia

5. The muscular defect in which the eye muscles cannot pull the eyes into alignment is (4 points)

   a. hyperopia
   b. phoria
   c. myopia
   d. tropia

6. Explain cataract and glaucoma (14 points)

   a.

   b.

7. List the three common causes of faulty eyesight (5 points)

   a.
   b.
   c.

8. Glasses with convex lenses are worn by a person who has (4 points)

   a. cataracts
   b. astigmatism
   c. phoria
   d. presbyopia

9. Glasses are made with cylindrical lenses to correct a/an: (3 points)

10. Bifocals will correct: (4 points)

a. astigmatism
b. hyperopia
c. presbyopia
d. myopia

11. The community organization which provides assistance to persons with eye problems is the (4 points)

a. Kiwanis
b. Masons
c. Lions
d. Elks

12. Why is it important to have visual examinations? (5 points)

13. Explain the results that may be determined after completing a visual screening. (5 points)

14. Define the following glossary terms: (35 points)

a. Visual acuity

b. Normal Eye

c. Muscular defects

d. Optometrist

e. Ophthalmologist

f. Optician

g. Accommodation

TEST KEY

Unit: Visual Screening
Lesson: Conducting a Visual Screening Date: _____

1. The condition which occurs with age due to the loss of elasticity of the crystalline lens is (5 points)

   a. presbyopia
   b. hyperopia
   c. myopia
   d. phoria

2. The eyeball is too short which causes the light entering the eye to fall behind the retina. This condition is known as farsightedness or (4 points)

   a. hyperopia
   b. tropia
   c. astigmatism
   d. myopia

3. A patient has blurred or distorted vision due to an imperfect curve of the cornea and the light which passes through cannot be focused on a single point in the eye. This point has (4 points)

   a. glaucoma
   b. myopia
   c. cataract
   d. astigmatism

4. The eyeball is too long, and the light entering focuses in front of the retina which prevents the individual from seeing at a distance. This condition is known as nearsightedness or (4 points)

   a. astigmatism
   b. presbyopia
   c. hyperopia
   d. myopia

5. The muscular defect in which the eye muscles cannot pull the eyes into alignment is (4 points)

   a. hyperopia
   b. phoria
   c. myopia
   d. tropia

6. Explain cataract and glaucoma (14 points)

   a. Cataract is a condition in which the crystalline lens becomes cloudy until it is opaque, blocking out vision.
   b. Glaucoma is a condition in which the fluids within the eye build up because drainage is blocked.

7. List the three common causes of faulty eyesight (5 points)

   a. astigmatism
   b. hyperopia
   c. myopia

8. Glasses with convex lenses are worn by a person who has (4 points)

   a. cataracts
   b. astigmatism
   c. phoria
   d. presbyopia

9. Glasses are made with cylindrical lenses to correct a/an: (3 points)

   Astigmatism

10. Bifocals will correct: (4 points)

    a. astigmatism
    b. hyperopia
    c. presbyopia
    d. myopia

11. The community organization which provides assistance to persons with eye problems is the (4 points)

    a. Kiwanis
    b. Masons
    c. Lions
    d. Elks

12. Why is it important to have visual examinations? (5 points)

    Good vision is essential for students to participate in learning. Students who have poor vision have difficulty learning.

13. Explain the results that may be determined after completing a visual screening. (5 points)

    Visual screenings may reveal the problems of individuals with sharpness or keeness of the eyes.

14. Define the following glossary terms: (35 points)

    a. Visual acuity--the sharpness or keenness of perception of the eye to see objects.

    b. Normal eye--one that can accept parallel light from a distance of 20 feet or more and provide a sharp focus on the retina while the encircling muscle is relaxed.

    c. Muscular defects--defects in the visual system caused by imperfections in the structure or performance of the muscles which hold the eye in the socket and control the movement.

    d. Optometrist--a vision specialist who examines the eyes for deficiencies in the vision and determines the necessary correction

    e. Ophthalmologist--a physician who has specialized in the eye. Medical care includes treatment of eye diseases and disorders, medically and surgically. Also, the ophthalmologist refracts the eyes, writes prescriptions for corrective lenses and may dispense glasses.

    f. Optician--The position of the optician is similar to that of a pharmacist. Prescriptions for glasses from an ophthalmologist or an optometrist, may be dispensed by the optician.

    g. Accommodation--the adjustment or adaptation of the eye for various distances, whereby, the eye is able to focus the image of an object on the retina by changing the curvature of the lens.

Appendix C

Grading Procedure

Grading Procedures

The course is composed of a Competency Cluster, with quarter hours of college credit awarded for successful completion of the Cluster. To award appropriate credit and a grade for the Cluster, a rating scale with a description of each value has been developed. Each product or performance within a Cluster is to be assigned quality points as per the Product Rating Scale Description. An additional factor, will be the faculty member's judgement of the teacher's professionalism, as described in the Professional Rating Scale.

To compute a final grade, points assigned for each product or performance completed will be totaled. Points for the Professional Rating will be added, and the result divided by the number of competencies in the Cluster, plus one. The computed value for the Competency Cluster will be assigned a final letter grade according to the following grading scale:

3.6 - 4.0 = A = 94 - 100
2.7 - 3.5 = B = 86 - 93
2.0 - 2.6 = C = 78 - 85
1.6 - 1.9 = D = 70 - 77
< - 1.5 = F = 69 or <

Product Rating Scale Description

4 The product or performance is at a level of proficiency such that it could serve as an example or model of competence for other students. Product or performance is at the EXCELLENT level.

3 The product or performance is at a level of proficiency expected of a competent beginning teacher. It is fully satisfactory, meets all criteria on the checklist, but includes some deficiencies.

2 The product or performance is at a minimally acceptable level for a beginning teacher. It includes some significant deficiencies of conceptualization or presentation. Performance or product is at a minimal level.

1 The product or performance depicts some serious significant deficiencies of conceptualization and performance.

Points — Professional Rating Scale Description

4 The attitudes and behaviors of the student are fully professional. The student participates constructively in every seminar session, maintains a regular schedule of completed tasks, completes written products with an appearance of high quality, and give evidence of an enthusiastic and positive attitude toward teaching and learning.

3 The attitudes and behaviors of the student are those generally expected of a teacher in the profession. The student participates in most seminar sessions; he/she usually completes tasks on schedule; written products are of satisfactory appearance; there is evidence of a generally positive attitude toward teaching and learning.

2. The student shows evidence of being minimally professional in attitude and behavior. The student participates infrequently; some contributions tend to be counter-productive; the teacher allows work to accumulate before completing it; products have deficiencies in presentation and appearance; there is some evidence of lack of a positive attitude toward teaching and learning.

0 There are serious questions about the student's professional attitudes and behaviors. The students should rethink his/her professional responsibilities and career goals.

Note:

1. Class sessions will be scheduled during the term for individual and group participation. Students are expected to attend classes. Valid excuses for absences will be expected. If class is missed the student is responsible for obtaining information from the professor. Absenteeism can equate to 10% of course grade.

2. A late assignment cannot receive a grade higher than a "B". Assignments are due as scheduled.

3. If an assignment is completed as scheduled, the student will be provided one opportunity to improve the grade during the next week if desired.

4. Examinations will be scheduled according to University Policy.

STUDENT RECORD

DATE	NAME	MODULES																			FINAL	GRADE
	1.																					
	2.																					
	3.																					
	4.																					
	5.																					
	6.																					
	7.																					
	8.																					
	9.																					
	10.																					
	11.																					

Appendix D

Contract

CONTRACT

Student Name: _____

Address: _____

_____

Telephone: _____

Teacher Name: _____

Address: _____

_____

Telephone: _____

Topic: _____

Quarter/Year: _____

Credit: _____

Beginning Date: _____ Ending Date: _____

Signature of Student: _____ Date: _____

Signature of Teacher: _____ Date: _____

CONTRACT

Student's Name: _____Date:_____

Course Number: _____Credit Hours: _____Quarter:_____

Objectives of the Study:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Activities:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Method of Evaluation: _____

_____

_____

Due Dates:

_____ _____

_____ _____

_____ _____

ACTIVITIES PLANNING SHEET

Week	Activities You Will Accomplish	Time Needed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		